

| # | Completed | Document or Task | Comments |
|----|-----------|---|----------|
| 1 | | Intake Form or Initial Notes | |
| 2 | | Application and Planning Worksheet | |
| 3 | | Abstract (Required for all activities submitted to ISMA) | |
| 4 | | Committee/Speaker Checklist | |
| 5 | | Budget | |
| 6 | | Activity Type | |
| 7 | | Activity Title | |
| 8 | | Location(s) | |
| 9 | | Date(s) | |
| 10 | | Targeted Audience | |
| 11 | | Teleconference Call-in Number and Password | |
| 12 | | Webinar Address/Instructions | |
| 13 | | Facility Names, Addresses, Phone, URL, Contact Person | |
| 14 | | Facility Arrangments/Agreement | |
| 15 | | Catering Arrangments/Agreement | |
| 16 | | Equipment Arrangments/IT Support/Agreements | |
| 17 | | Rental Cars Reservations | |
| 18 | | Travel Arrangements | |
| 19 | | Lodging Arrangements | |
| 20 | | External Requests, i.e., printing, copying, etc. | |
| 21 | | Professional Practice Gap | |
| 22 | | Needs Assessment | |
| 23 | | Pre-Outcomes Data | |
| 24 | | Purpose/Goal Statement | |
| 25 | | Change Expected: Competency, Performance, Patient/System Outcomes | |
| 26 | | Joint Providership Agreement | |

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|----|-----------|--|----------|
| 27 | | Educational Grant Agreement | |
| 28 | | Commerical Support Agreement | |
| 29 | | Exhibitor Agreements | |
| 30 | | Save the Date | |
| 31 | | Agenda | |
| 32 | | Content Outline/Objectives | |
| 33 | | Credits Calculated | |
| 34 | | Speaker Request Sent | |
| 35 | | Speaker Agreement/Honorarium | |
| 36 | | Speaker Bios Received | |
| 37 | | Speaker Reminder/Follow-up Email Sent | |
| 38 | | Financial Disclosures Sent | |
| 39 | | Financial Disclosures Received | |
| 40 | | CE Applications Filed | |
| 41 | | CE Applications Approved | |
| 42 | | Competency Assessment Questions/Answer Key | |
| 43 | | Competency Assessment Tool (pre- and post) | |
| 44 | | Event Set up in Database | |
| 45 | | Online Registration Set Up | |
| 46 | | Promotional Materials Developed and Approved | |
| 47 | | Promotional Materials Distributed or Online | |
| 48 | | Agenda Handout | |
| 49 | | Speaker Handout | |
| 50 | | Disclosure Grid | |
| 51 | | Outcomes Assessment Developed | |
| 52 | | Participant Evaluation Developed | |

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|----|-----------|---|----------|
| 53 | | Verification Form Developed | |
| 54 | | Certificate Developed | |
| 55 | | Registration List/Sign-in Sheet | |
| 56 | | Exhibitor Evaluation Developed | |
| 57 | | Speaker Evaluation Developed | |
| 58 | | Online Participant Evaluation Set-up | |
| 59 | | Online Verification Set-up | |
| 60 | | Online Certificate Set-up | |
| 61 | | Online Exhibitor Evaluation Set-up | |
| 62 | | Online Speaker Evaluation Set-up | |
| 63 | | PowerPoint Presentations / Handouts Received and Reviewed | |
| 64 | | Moderator Script | |
| 65 | | Teleconference / Webinar Script | |
| 66 | | Displays / Posters | |
| 67 | | Physician Review Statement | |
| 68 | | Exhibitor Letters / Instructions | |
| 69 | | Exhibitor Fee Checklist | |
| 70 | | Exhibitor List | |
| 71 | | Participant Evaluations Received | |
| 72 | | Participant Evaluation Summary | |
| 73 | | Speaker Evaluations Received | |
| 74 | | Speaker Evaluation Summary | |
| 75 | | Speaker Thank You | |
| 76 | | Exhibitor Evaluations Received | |
| 77 | | Exhibitor Evaluation Summary | |
| 78 | | Outcomes Pre-/Post Assessment Data Received | |

| # | Completed | Document or Task | Comments |
|----|-----------|---|----------|
| 79 | | Outcomes Data (QI Data) Received | |
| 80 | | Certificates Completed/Distributed | |
| 81 | | Meeting Statistics | |
| 82 | | Attendance Report | |
| 83 | | CME Reports | |
| 84 | | Evaluation Meeting Agenda | |
| 85 | | Evaluation Meeting Minutes | |
| 86 | | Intent to Change Follow Up | |
| 87 | | Check Request for Speaker | |
| 88 | | Copy of Check for Speaker | |
| 89 | | Revenue/Expense Report | |
| 90 | | Revenue/Expense Report to Supporters/Joint Provider | |
| 91 | | Barriers to Change | |
| 92 | | Activity File Organized | |
| 93 | | Activity File Audited | |
| 94 | | Activity File/Reports to Joint Provider | |